

F.V. NO. 5

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

W.H.

N. B.

McCaw, of Columbia.

McCaw.

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of Abbeville  
 or  
 Inc. Town of Abbeville  
 or  
 City of Abbeville (No. Greenville St.: 12th Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Helena O'Neal White If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 3 1915  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm H. White  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE Abbeville S.C.  
 (13) OCCUPATION Merchant  
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Holman  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Union S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. S. Sniffen  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(2) 2 1915  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 8th 1915 (28) T. J. Parris Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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